

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006026

AMENDED

Registration District No. 99

Primary Registration District No.

Registrar's No. 12

STATE FILE NUMBER

FILED MAR 13 1962

1. PLACE OF DEATH a. COUNTY Dekalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Maysville		c. CITY OR TOWN Albany	
Length of stay in 1b 21 mos.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sunrise Rest Home		d. STREET ADDRESS (If outside, give location) E. South St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First OMER Middle OTIS Last COFFEY		4. DATE OF DEATH Month March Day 3 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7 Mar 1882
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroading		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Gentry Co., Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME J.H. Coffey		13b. MOTHER'S MAIDEN NAME China Frances Culp	
14. NAME OF HUSBAND OR WIFE unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT Mrs Ethel Martin	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:45 a.m. P. Month, Day, Year June 3 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Grandview		20f. CITY, TOWN, OR LOCATION Albany	
20g. COUNTY Missouri		20h. STATE Missouri	
21. I attended the deceased from June 3 1960 to 3/3/62 and last saw him alive on 3/3/62 Death occurred at 12:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ronald F. Fawcett		22b. ADDRESS RR 1 Maysville Mo	
22c. DATE SIGNED 3/3/62		22d. CITY, TOWN, OR COUNTY Albany	
22e. STATE Missouri		22f. REGISTRAR'S SIGNATURE L. E. Davidson	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5 Mar 1962	
23c. NAME OF CEMETERY OR CREMATORY Grandview		23d. CITY, TOWN, OR COUNTY Albany	
23e. STATE Missouri		23f. REGISTRAR'S SIGNATURE L. E. Davidson	
24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home		25. DATE REC'D. BY LOCAL REG. Mar 6 - 1962	
ADDRESS Albany, Mo.		25. REGISTRAR'S SIGNATURE L. E. Davidson	

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signed Donald E. Coahell

STATE FILE NUMBER _____	
E (Where deceased lived. If institution: Residence before admission)	
Inside Limits	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reside on Farm	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If outside, give location)	

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply of license).
sign in his OWN handwriting.
be so stated above.